

**ARIZONA BOARD OF ATHLETIC TRAINING**4205 N. 7th Avenue, Suite 305

Phoenix, Arizona 85013

(602) 589-6337

FAX: (602) 589-8354

www.at.az.gov

VERIFICATION OF LICENSURE STATUS

INSTRUCTIONS FOR USE: Fill out the applicant portion of this form and send a copy to each State in which you are or have been licensed. Licensing agency or board – please return the completed form directly to the address listed above.

TO BE COMPLETED BY APPLICANT

Name:			Social Security Number	
License Number			Date Granted	
Other names used	Maiden	Also Known As – AKA		
Home address	Number/Street	City	State	Zip code

Signature _____ Date _____

TO BE COMPLETED BY LICENSING BOARD OR AGENCY.

Licensee's License Number			Licensed as:	
Date issued			Date of Expiration	

License issued on bases of	Certification	Endorsement	Other
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Has disciplinary action been taken?	YES	NO
Is there any disciplinary action pending?	YES	NO

Reason for disciplinary action	
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Completed by _____ Signature _____

Title _____ Agency _____

Telephone Number _____ Dated _____